

CIVIL RIGHTS COMPLAINT FORM

Date: _____

Complainant's Name: _____

Street Address: _____

City/State/Zip: _____

Telephone Number/Contact Number: _____

Name of person, agency or store against whom complaint is directed: _____

Address: _____

Description of the alleged discriminatory act: _____

Category in which complainant feels discrimination exists (circle all that apply)

RACE

AGE

COLOR

SEX

NATIONAL ORIGIN

DISABILITY

Date of the alleged discriminatory act: _____

Date complaint sent to USDA: _____

Date copy sent to State WIC Office: _____

Local Agency Signature/Title

WIC is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or disability, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

WIC-373

Rev. 7/95